

CITY OF VIDOR
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT OF CITY SERVICES

I (we) hereby authorize the City of Vidor Sanitation Department to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY

NAME _____ BRANCH _____
(BANK OR CREDIT UNION)

CITY _____ STATE _____ ZIP _____

ROUTING# _____ ACCOUNT# _____

Once this form is delivered to the sanitation secretary, the draft will become effective on the first of the following month.

This authority is to remain in full force and effect until CITY OF VIDOR receives a Terminate Draft Request Form by me (or either of us) from this checking account. The City drafts your account between the 8th and 10th of each month. The **TERMINATE DRAFT REQUEST FORM** must be received at our office located at 1395 North Main Street, Vidor, TX 77662 by the last business day of the month to have the draft stopped prior to the next draft date.

If a draft is returned for insufficient funds or a closed account, the City will add a **returned check fee** of **\$30** to the account balance, which will be drafted during the next bill cycle. Once the City receives **three (3) insufficient drafts** and/or checks, the draft payment option will be terminated by the City and the account will be converted to cash, money order or credit card payment only for a probationary period of one (1) year. Once the probationary period had expired, to reactivate drafts, all new draft forms must be signed and initiated by the customer.

You are responsible for ensuring the draft is debited from your bank account correctly. Please double check your bill each month to ensure the bill states "**paid by draft**".

By signing this document, I attest that all information on this form is true and correct to the best of my knowledge. I understand that I will be responsible for paying with cash, money order, cashier's check or Visa/MasterCard, if drafts are stopped by either myself or the City.

SANITATION ACCT. OWNER _____ SANITATION
NAME(S) _____ ACCOUNT # _____

SERVICE ADDRESS _____

HM PHONE # () - _____ CELL # () - _____ WORK # () - _____

CHECKING ACCT. OWNER INFORMATION: NAME(S) _____

(PRINT)

PH# () _____ SIGNATURE X _____ DATE _____

(IF DIFFERENT THAN ABOVE)

Please attach a voided check to this authorization to assist us in verifying your account information.

VOIDED CHECK